

EXHIBIT 5

9/1/2020

L&I WIN - Enforcement Information

RECEIVED

Inspection Summary Report

SEP 03 2020

Inspection Information

Inspection Number / Program		Triggering Activity	UBI / Bus Loc	Account Number	DOSH REGION 3 Special Tracking
317959381 / Safety		209480526	603274879 / 1376281	11084303	
Establishment DBA / Legal Name		Legal Entity	Assignment Type	Site Region	Inspection Scope
GEO CORRECTIONS & DENTENTION / GEO SECURE SERVICES LLC		Limited Liability Corp	Complaint	1055330	Partial
CSHO ID / CSHO Name		CSHO Region	Target List / Rank	On List	OSHA Inspection Number
V9237 / LUIS VILLALVA		1055330	None	N	1475384
Primary NAICS		Primary NAICS Description			
561210		FACILITIES SUPPORT SERVICES			
Site NAICS		Site NAICS Description			
561210		FACILITIES SUPPORT SERVICES			
Site Address			Mailing Address		
GEO CORRECTIONS & DENTENTION 1623 East J Street Nw Detention Ctr #214 Tacoma, WA 98421 Phone: (561) 999-7459 Email: gwenk@geogroup.com			GEO CORRECTIONS & DENTENTION 4955 Technology Way Boca Raton, FL 33431 Phone: (561) 999-7544		

Violation List

Inspection Number / Program	Triggering Activity	UBI / Bus Loc	Account Number
317959381 / Safety	209480526	603274879 / 1376281	11084303
Establishment DBA / Legal Name		Assignment Type / Site Region	CSHO / CSHO Region
GEO CORRECTIONS & DENTENTION / GEO SECURE SERVICES LLC		Complaint / 1055330	V9237 LUIS VILLALVA / 1055330

Violation	Item	Group	Type	Standard	Penalty	Instances	Abatement Days/Date	Date Corrected	Quick Fix
1	1		S	296-809-20002	6,000.00	1		7/10/2020	No
1	2		S	296-809-50002(2)	6,000.00	1		7/10/2020	No
1	3		S	296-809-50012(1)(a)	6,000.00	1		7/10/2020	No
1	4		S	296-809-20004(1)	6,000.00	1		7/10/2020	No
1	5		S	296-809-50014(1)(a)	6,000.00	1		7/10/2020	No
1	6		S	296-809-30002(1)	6,000.00	1		7/10/2020	No
1	7	a	S	296-809-40002(2)	6,000.00	1		7/10/2020	No
1	7	b	S	296-809-40004(1)	0.00	2		7/10/2020	No
1	8		S	296-809-50004(6)	6,000.00	2		7/10/2020	No

Total Penalty: \$48,000.00

Inspection Summary

10f 26

9/1/2020

L&I WIN - Enforcement Information

Opening Conference with Bruce Scott, Assistant Facility Administrator and Valerie Johnson, HR Manager on 29 Apr 20

Closing Conference with Bruce Scott, Assistant Facility Administrator, Stephen Langford, Facility Administrator, and Wilson Eaton, Attorney on 21 Aug 20

This inspection was initiated as a result of complaint/referral 209480526 addressing the following hazards:

4/23/2020

1. Employees entering a large commercial sized trash compactor without proper protective equipment.
2. Employees were exposed to several inches of liquid waste from the trash.
3. Employees are also required to purchase their own protective equipment.

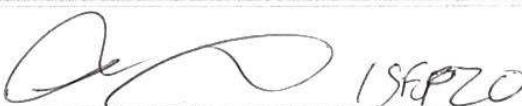
5/22/20

4. Employees required to work in areas without providing proper fitting personal protective equipment, potential exposure to infectious disease
5. Pat searches are required and the only PPE provided is nitrile gloves when a puncture hazard exists.

Permission was granted to proceed on-site, the opening conference was conducted and all elements of the 1A were explained; a walk-around inspection was performed including photos and interviews. All safety documents were reviewed and most were found do be in order.

As a result of the inspection, the department proposes the following violations.

- 1-1 296-809-20002: Did not identify confined space
- 1-2 296-809-50002(2): No procedures for safe entry into a permit-required confined space
- 1-3 296-809-50012(1)(a): Did not conduct atmospheric testing
- 1-4 296-809-20004(1): Did not inform employees of the permit-required confined space
- 1-5 296-809-50014(1)(a): No rescue plan when entering a permit required confined space
- 1-6 296-809-30002(1): Incomplete confined space program
- 1-7a 296-809-40002(2): Employee training not provided
- 1-7b 296-809-40004(1): Employee proficiency not certified
- 1-8 296-809-50004(6): Entry Permit not filled out.



CSHO Signature Date



Supervisor Signature Date

Reviewer Signature Date

Division of Occupational Safety and Health MS 44600		Washington State Department of Labor & Industries		Inspection Worksheet (1A)					
Inspection # 317959381	CSHO ID(s) V9237	Credentials presented? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Entry 29 APR 20	Time of Entry 1102					
Business name GE GROUP NORTHWEST DET CENTER		Consent Statement "My name is _____ I am an inspector for the Washington State Department of Labor and Industries. I am here to conduct a workplace safety and health inspection. Do I have your consent to enter the premises?"(The CSHO will show credentials while getting consent.)							
Site Address 1623 EAST J STREET NW DETENTION GR #214 TACOMA, WA 98421		Employer Rep: (first and last name) Bruce Scott							
Mailing Address 4955 TECHNOLOGY WAY BOCA RATON, FL 3341		Denied by: (first and last name)							
		If, and only if, the owner or his/her authorized representative does not affirmatively respond to the above requests for consent to enter, the inspector will then state: "Thank you, the state may seek a warrant for entry into the premises from a court of competent jurisdiction and such a warrant may be issued to permit me to enter the premises."							
		Date/Time denied			Re-entry Date/Time				
Phone # 253 396 1611	Alternate Phone # 253 8306 41874	Consent/Denial Response "Yes"							
E-mail WILSON@YOUNGLAWMS.COM	UBI 603274879	Temp EEs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
EEs on site 350	EEs Covered 350	EEs in USA	UNION NOT UNAF						
ER Reps Name	Title	OC	WA	CC	EE Reps Requested <input checked="" type="checkbox"/> Yes Participated: Name				
Bruce Scott	ASST FAC ADMNS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> DAN					
VALERIE JOHNSON	HR MGR	<input checked="" type="checkbox"/>							
STEPHEN LANGFORD	FAC ADMNS	<input checked="" type="checkbox"/>							
WILSON EATON	ATTORNEY	<input checked="" type="checkbox"/>							
Employees Interviewed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Union SF OFA	IS UNIONIZED			Local # 883				
How many?	Address					Phone 253 229 0334			
Opening Conference - Date: 29 APR 20 Time: 1131		Closing Conference - Date: 21 AUG 20 Time: 1031							
<input checked="" type="checkbox"/> Explain WISH Act and DOSH		<input checked="" type="checkbox"/> Discuss hazards observed							
<input checked="" type="checkbox"/> Department can provide standards, posters, logs		<input checked="" type="checkbox"/> Proposed violations and their severity							
<input checked="" type="checkbox"/> Confidentiality of trade secrets SECURITY OF FAC		<input checked="" type="checkbox"/> Penalties may be assessed (explain calculation)							
<input checked="" type="checkbox"/> Request written programs		<input checked="" type="checkbox"/> Subject to further review							
<input checked="" type="checkbox"/> Request copy of OSHA 300/300A		<input checked="" type="checkbox"/> Set reasonable abatement periods							
<input checked="" type="checkbox"/> Explain walk around procedure		<input checked="" type="checkbox"/> Explain extension of abatement							
<input checked="" type="checkbox"/> Interview employees in private		<input checked="" type="checkbox"/> Advise results will be issued							
<input checked="" type="checkbox"/> Discrimination against EEs		<input checked="" type="checkbox"/> Post citation/results							
<input checked="" type="checkbox"/> Walk around pay		<input checked="" type="checkbox"/> Explain proof of correction requirements							
<input checked="" type="checkbox"/> Closing conference will be held		<input checked="" type="checkbox"/> Results of failure to correct							
<input checked="" type="checkbox"/> Do you have minors (17 or under) working for you? [yes] (no)		<input checked="" type="checkbox"/> Availability of consultation and risk management services after abatement period							
<input checked="" type="checkbox"/> Explain violations/penalties may result		<input checked="" type="checkbox"/> Variance (if applicable)							
<input checked="" type="checkbox"/> Inquire of other PPE/safety requirements for inspector (list below) No		<input checked="" type="checkbox"/> Appeal rights (15 working days after receipt)							
Shape sheet included <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		State worksheet included <input type="checkbox"/> Yes <input type="checkbox"/> No		ICP Provided <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Closing Conference Review provided <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Complaint/referral provided <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

 <p>Washington State Department of Labor & Industries <i>Division of Occupational Safety and Health</i></p>	Division of Occupational Safety and Health Complaint
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Complaint Number:	209480526	OSHA #:	1583960
Region:	1055330		
UBI/Account Number:	603274879 / 11084303		
Employer Legal Name:	GEO SECURE SERVICES LLC		
Employer DBA Name:	GEO CORRECTIONS & DENTENTION		
Site Address:	1623 East J Street Nw Detention Ctr #214 Tacoma, WA 98421		
Mailing Address:	4955 Technology Way Boca Raton, FL 33431		
Management Official:			
Telephone Number			
Type of Business:			

Notice of Alleged Safety or Health Hazards

Hazard Severity	CSHO Assigned	Due Date	Number of Days
Serious	V9237	5/14/2020	15

Hazard and Location Description

4/23/2020

Employees entering a large commercial sized trash compactor without proper protective equipment. Compactor was full of food waste, employees were exposed to several inches of liquid waste from the trash. Employees are also required to purchase their own protective equipment.

5/22/20

Employees required to work in areas without providing proper fitting personal protective equipment, specifically, in the Medical area

Detainees are housed with infectious diseases and properly fitting protective equipment is not provided.

Pat searches are required and the only PPE provided is nitrile gloves when a puncture hazard exists.

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